News

FDA Steps Up Warnings For Certain Antibiotics

The Food and Drug Administration is strengthening labeling warnings for antibiotics called fluoroquinolones because the drugs can lead to disabling side effects, including long-term nerve damage and ruptured tendons. The FDA also cautioned that these bacteria-fighting drugs, including levofloxacin (Levaquin) and ciprofloxacin (Cipro), shouldn’t be prescribed for short courses or simple urinary tract infections unless no other treatment options exist.

Price transparency

After being approved by a key California legislative committee, a bill that would have required drug companies to justify treatment costs and price hikes was pulled by its author. California state Sen. Ed Hernandez (D., West Covina) said that the reason for the pull “was the intention of shedding light on the reasons precipitating skyrocketing drug prices.” But amendments by an assembly committee make it difficult to accomplish this goal, he said in a statement.

Giant Eagle Rx

Giant Eagle Pharmacy has received full specialty pharmacy accreditation from URAC, an independent, nonprofit health care accrediting organization that assesses quality standards for the industry. URAC’s specialty pharmacy accreditation serves as a symbol of excellence for commitment to quality and accountability.

Novo Nordisk HQ

The company’s 10-acre corporate campus that houses pharmaceutical company Novo Nordisk in New Jersey has been sold for $365 million. Korean investment firm Han Asset Management Co. bought the 76,000-square-foot structure. Novo Nordisk, a specialist in diabetes care, began occupying the former Merrill Lynch building in 2013.

Preserving Patient Bonds

By Robert Dudzinski

While pharmacists spend years training to be experts on drug formulation, dosing and how to prevent adverse interactions between medications it’s a pharmaceutical favorite part of the job. Many instead relish the one-on-one interactions with longtime customers that play quite different seasons of their lives.

This is a key moment for pharma-
care to center — at least — versus the once-yearly visit to their primary care physician. In a recent survey by PwC’s Health Research Institute, three-quarters of consumers surveyed said they were open to “extenders,” such as nurse practitioners and phar-
macists, performing health services.

Relationships at risk

But these important relationships are in jeopardy because of the growing need to see their volumes rise. U.S. pharmacy sales crossed the $235 billion mark in 2014, and they continue to climb due to patients newly insured through the ACA and recent Medicaid expansion of drug coverage. Pharmacists are also pushed thin by population initiatives that demand new pharmacy services such as large-scale medica-
tions management programs. So at many drug store chains these days, long waits on the phone and in person may threaten to derail pharmacist loyalty and pharmacist morale.

It may seem counterintuitive, but the best chance for the pharmaceutical industry to have to focus on what they do best, counseling and helping patients to medica-
tion adherence outcomes. The time is now to free up pharmacist capacity so drug store chains can take advantage of the current opportunity to expand the role of the pharmacist.

Enter automation

Forward-thinking pharmacy chains are looking to technology to auto-
 suggest filling, maximize work flow, monitor performance and track medication adherence. The first step in modernizing a retail pharmacy engagement strategy is to enable self-service for those consumers who want it. Capped phone menus, guided by IVR, can provide end-to-end service for customers with simple queries.

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New Rx Pricing Model on the Horizon

NEW YORK — The future could bring a radical shift in drug pricing, with charges for medications based on their effectiveness in restoring pa-
tients’ health as opposed to the num-
er of pills in a vial.

That is the assessment of experts who see a pharmaceutical industry under pressure from political forces and slowing global economic growth. In the U.S., Democrats and Repub-
licans are vowing to scrutinize drug prices, while budgetary pressures in Europe continue to weigh on health spending. And governments in China and other Asian countries are casting a harsher light on drug makers.

Outcomes-based pricing is seen as a way to get the most bang for the drug buck, and also a means to ensure fu-
ture development and fund-
ing. In just two years, along with a new way of thinking, the experts say.

Kurt Kessler, managing principal at ZS Associates in Zurich, a sales and marketing consulting firm, said the shift is inevitable, while telling Reuters that it will be a difficult path for customers with simple queries. “It’s the right step in modernizing a retail pharmacy engagement strategy to enable self-service for those consumers who want it.”

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nation of automation and the phar-
macist touch can help patients to stay engaged as they initiate, titrate and transition among medications. By creating new touch points in the channel of the customer’s choice, pharmacists can help them work through any chal-
lenges with their medication, keeping them on therapy and boosting both outcomes and the bottom line.

When it comes to customer channel preference, technology can help by al-
erting pharmacy staff to which con-
sumers are calling from smartphones.

Pharmacists can then proactively reach out to see if customers would prefer to receive text refill reminders or medication adherence education, versus phone calls.

Real-world engagement

Here’s an example of how some pharmacies are using a combination of automation and pharmacist touch to optimize patient engagement.

Robert Dudzinski, West Corp.
Preserving Patient Bonds as Rx Volumes Rise

DEERFIELD, Ill. — Three differ- ent Walgreens projects may serve as examples of the advancements — and challenges — in improving medication adherence rates.

In one analysis, Walgreens con- ducted a study to determine whether patients who received treatment from HIV-specialized pharmacies had higher adherence rates. The re- sults showed that patients who were served by HIV-specialized pharma- cies displayed 9.2% higher adher- ence on average and that the number of patients who reached required adherence levels rose by 20.8% com- pared to patients using traditional pharmacies.

The nonadherence rate showed the same pattern, with those using HIV- specialized pharmacies showing 11.3%, which was 35% lower than the national rate of 18.3%.

Results from another study, de- veloped in collaboration with Walgreens and the University of Chicago, suggest that pharmacy in- terventions and benefit plan designs with low copays could be key fac- tors in helping to improve adherence to statin (cholesterol) medications for patients who are living in minority communities. In these predominant- ly African-American and Hispanic neighborhoods, better adherence was associated with several variables, in- cluding copays under $10, the use of 90-day refills and whether a patient had a health plan (or payer) other than Medicare.

“Adherence to cholesterol medications for chronic conditions such as high cho- lesterol is critical to the prevention of unnecessary hospitalizations and better heart health outcomes. This gives us a clearer picture of how to help them get and afford the care they need, so they’re able to live their lives to the fullest extent possible,” said Walgreens’ senior director of analytics, research and reporting. Taitel.

How Local Health Systems Measure Up

NEW YORK — A new study by the Commonwealth Fund finds that health care improved in many Ameri- can communities between 2011 and 2014 but that wide variation exists and there remains considerable room for improvement. The report finds that where improvement did occur, the main reasons were that more peo- ple had insurance coverage and health care providers performed better.

“The 2016 Scorecard on Local Health System Performance” examined 33 in- dicators across four main performance categories: access to health care, pre- vention and treatment, avoidable hos- pital care, and health care outcomes.

The study found that where improvement did occur, the main reasons were that more people had insurance coverage and health care providers performed better.

Although 96% of high-need adults have health insurance, that coverage does not guarantee they are able to get the care they require. High-need adults with private insurance are the most likely to have unmet medical needs (32%), followed by those with Medic- aid (28%), Medicare (15%) and both Medicare and Medicaid (14%). High- need Medicaid beneficiaries have greater difficulty paying for insurance copays compared to high-need Medicare beneficiaries or individuals with private insurance.

“Some say the people pay the most, when they have the low- est incomes,” said Gerard Anderson, a regional health care market director.

“The sickest patients have the high- est medical spending but cannot reli- ably get the health care they need, even though they have insurance,” stated Commonwealth Fund president David Blumenthal.

Two Studies Shed Light on High-Need, High-Cost Patients

NEW YORK — An estimated 12 million people living at home in the United States have three or more chronic illnesses in addition to a func- tional limitation that makes it hard for them to perform basic daily tasks such as getting around the house or talking on the phone, according to a new Com- monwealth Fund report.

These adults, who face medical problems as well as the challenges en- compassed in the U.S. health care system, are older and less educated than U.S. adults overall and more like- ly to be of white, low-income and publicly insured. More than half of high-need adults are over 65, and nearly two-thirds are women. Among those that are living in minority communities, compared to patients using traditional pharmacies. When the survey shows Jim is compliant, no follow-up is needed. Jim will receive an automated message at 25 days to reassert his compliance and remind him to refill his medication.

Always improving

The most cutting-edge drug store chains are also using advanced analyt- ics to drive continuous learning and improvement. For example, they can help detect customers most at risk for med- ication nonadherence, track outcomes over time, and report data back to phy- sicians and health insurers.

For instance, Costco, with pharma- cies in 459 of its warehouse stores, is preparing to implement a technology tool for outcomes management, with a focus on the Centers for Medicare and Medicaid Services’ Star Ratings. It will enable Costco to identify at-risk and nonadherent patients.

The Health Mart, with Bloomberg School of Public Health and a coauthor of the studies. As health system leaders and poli- cymakers look for ways to improve health care and reduce costs, they have focused to a great extent on pa- tients with multiple chronic illnesses.

This research finds that even more priority should be given to people with the greatest needs: chronically ill patients who struggle with limitations that impair their ability to function on a daily basis.

Specifically, the reports recommend that private insurers should consider how benefits and provider networks can be improved to help high-need en- rolees; that state policy makers should consider how to ensure that high-need adults enrolled in Medicaid are able to access needed specialty care; and that initiatives that seek to improve care for high-need patients should target the pa- tients most likely to benefit and tailor programs to their unique characteris- tics and needs.

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